Please fill in your:		Head Coach's Last Name:	
State Abbreviation	J L		



Iowa High School and Scholastic Clay Target ProgramSM **CONSENT & WAIVER FORM**



The Scholastic Clay Target Program (SCTP®) is sponsored by the Scholastic Shooting Sports Foundation (SSSF) and independent manufacturers and retailers in the shooting, hunting and outdoor trade industry (collectively, SCTP Sponsors). Joining SSSF in the SCTP is the Iowa DNR, National Shooting

INSTRUCTIONS: Before you can par	ticipate in the SCTP, this Consent & \ d to your Head Coach to submit to		vely, Governing Bodies). vou (<u>and</u> your parent/legal guardian if yo W CONSENT & WAIVER FORMS MUS	
PLEASE READ THIS FORM CAREF	ULLY, AS IT IS A LEGAL DOCUME	NT THAT CAN AFFECT YOUR RIGH	TS - SEE BACK OF THIS FORM!	
Team ID #Team N	Name:	Did you pa	articipate last year? Yes No	
Full Name: (Please PRINT) (First)	(Middle)	(Last)	(Optional - Nickname)	
City:		State: Zip:		
Phone:		Scholastic Grade Level (Fall semes	ster 2008)	
Gender: Male / Female	Birth date (mm/dd/yyyy):	//_School Attending:_		
Parent/Legal Guardian E-mail a	address:			
COACHES: Make sure the appropropropropropropropropropropropropro	es 5 and under ONLY	SENIOR DIVISION Grace CATEGORIES:	he member will be participating (Trap, the correct division/category for each	
	ng in the Intermediate Division	JR. VARSITY 1 st year participating in the Senior Division		
ADVANCED : 2 nd or 3 rd year part	icipating in the Intermediate Division	VARSITY 2 nd , 3 rd or 4 th year participating in the Senior Division		
TRAP (ATA)	SKEET (NSSA)	SPORTING CLAYS (NSCA)	INTERNATIONAL / OLYMPIC DISCIPLINES (USAS)	
ROOKIE	ROOKIE	ROOKIE	OLYMPIC TRAP (Bunker)	
☐ INTERMEDIATE /Entry Level	☐ INTERMEDIATE /Entry Level	☐ INTERMEDIATE /Entry Level	INTERNATIONAL SKEET	
☐ INTERMEDIATE /Advanced	☐ INTERMEDIATE /Advanced	☐ INTERMEDIATE /Advanced	(No division requirements for Int'l	
☐ SENIOR / Jr Varsity time.)	☐ SENIOR / Jr Varsity	☐ SENIOR / Jr Varsity	Olympic Disciplines at the present	
SENIOR / Varsity	SENIOR / Varsity	SENIOR / Varsity		
* <u>SCTP Athletes</u> : IF member, provide n	umbers: ATA # NSSA	# NSCA #	USAS #	
FILL in the year started in the SCTP f				

TRAP	SKEET	SPORTING	OLYMPIC	INT'L	
		CLAYS	TRAP	SKEET	
200	200	200	200	200	

	ase fill in your te Abbreviation: Head Coach's Last Name:					
(Pa	rents: Please Read Carefully)					
In e	xchange for and as a condition of being allowed to participate in the Iowa High School / SCTP, Athletes and Athlete's parent/legal guardian (if Athlete is a minor child) agree as follows:					
1.	Athlete acknowledges that the Iowa High School and SCTP features team competition in trap, skeet and sporting clays involving the use of firearms. Athlete further acknowledges that the Iowa High School and SCTP will emphasize safe firearm handling and shooting skills and provide for shooting competitions at the local, state and national levels.					
2.	Athlete understands that there are risks and dangers associated with the use of firearms, including serious bodily injury, death and property damage. Athlete agrees to assume all risks inherent or otherwise, that may occur due to, arise out of or be in connection with Athlete's own participation, including without limitation the risk of serious bodily injury, death and property damage. Athlete further agrees to assume all risks, inherent or otherwise, that may occur due to, arise out of or be in connection with the participation of others in the SCTP including without limitation other competitors; instructors/coaches; staff or volunteers of SSSF, SCTP Sponsors, Iowa DNR or the Governing Bodies; and audience members.					
	NOTE: Please be advised that it is not possible to list all of the activities and related risks that Athlete may encounter by participating in the SCTP. There may be risks that are no known to Athlete, or to other athletes of the Iowa High School/SCTP, including staff or volunteers of SSSF, SCTP Sponsors, Iowa DNR or the Governing Bodies, and may not be foreseen or reasonably foreseeable by anyone at this time or at the time of the activities in which Athlete participates. Athlete agrees to assume all risks of serious bodily injury, death and property damage, and all other risks of participation in the SCTP, whether or not described to Athlete. Athlete understands that there are risks and dangers associated with the use of firearms including serious bodily injury, death and property damage. Athlete agrees to assume all risks of serious bodily injury, death and property damage that may occur due to, arising out of or in connection with Athlete's own participation or the participation of others in the SCTP.					
3.	Athlete further covenants not to sue and agrees to release, waive, and discharge the SSSF, Iowa DNR, SCTP Sponsors and the Governing Bodies, and each of their respective directe officers, employees, agents or volunteers (collectively, "Released Parties"), from any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments a expenses (including reasonable attorney's fees and costs) that Athlete may suffer, directly or indirectly, due to, arising out of or in connection with Athlete's own participation or conduct (negliger or otherwise) in the Iowa High School/SCTP or the conduct (negligent or otherwise) of other athletes in the SCTP, including without limitation, the conduct (negligent or otherwise) of Released Parties.					
4.	To the fullest extent allowed by law, Athlete agrees to defend, indemnify and hold the SSSF, Iowa DNR, SCTP Sponsors and the Governing Bodies, and each of their respective direct officers, employees, agents or volunteers, harmless from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgments and exper (including reasonable attorney's fees and costs) by third parties (including Athlete's own family) for any bodily injury, death or property damage or other incident occurring due to, ari out of or in connection with Athlete's own participation or conduct (negligent or otherwise) in the Iowa High School/SCTP.					
5.	Medical Attention: Athlete gives his/her consent to SSSF, Iowa DNR, Sponsors, the Governing Bodies and the host organization of any SCTP event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Iowa High School/SCTP events.					
6.	Athlete grants to the NSSF, Iowa DNR, SCTP Sponsors and the Governing Bodies permission to reproduce, publish, distribute, or otherwise use in any reasonable manner Athlete's name photograph, likeness and statements in connection with the promotion of the Iowa High School/SCTP, in all media, including, without limitation, the Internet, news articles, advertisement or other electronic or print materials. Athlete further covenants not to sue and agrees to waive, release and discharge the NSSF, Iowa DNR, SCTP Sponsors and the Governing Bodies, and all of their respective directors, officers, agents, employees and volunteers, from and against any and all claims, demands, actions, suits, proceedings, liabilities, damages, losses, judgment and expenses (including reasonable attorney's fees and costs) arising out of or in connection with the use of Athlete's name, photograph, likeness and statements, including, without limitation, any and all claims for invasion of privacy, publicity, defamation and/or portrayal in a false light, copyright infringement and any claims and/or demands for compensation or royalties.					
7.	Athlete's signature below indicates that Athlete has read and fully understands this entire Consent & Waiver, and that it shall be binding upon Athlete, his representatives, heirs, assigns and next of kin.					
	Parents/Legal Guardians					
8.	As the parent or legal guardian of the Athlete, a minor child, I affirm that I have the authority to act on behalf of the Athlete and, as such, do hereby give my consent for the Athlete to participate in the Iowa High School/SCTP. I declare that I have read and fully understand this entire Consent & Waiver, and that by signing below I agree that all of the provisions of this Consent & Waiver are equally binding upon me, my representatives, heirs, assigns and next of kin, as they are upon the Athlete.					
]	Parent / Guardian Name:					
	(Please PRINT)					
	Address (if different than above):					

Parent / Guardian Name:	(Please PRINT)			
Address (if different than above):				
City:		State:	Zip:	
Phone:	Parents Email Address (2):		(Optional)	
Parent or Legal Guardian's Signat	ure	_	Date	_
Athlete's Signature		•	Date	_

*NOTE TO COACHES: A completed copy of this Consent & Waiver Form for each team member must be in your possession prior to registering any athlete. You must **retain a copy** of the consent form and *mail the copy with the original signature* to Iowa DNR. No athlete will be considered a SCTP Member until their completed consent form is on file at the Iowa DNR/SCTP National Headquarters. Random spot checks with SCTP Coaches for document retention will be conducted regularly. Coaches must comply with information requests from headquarters. Failure to produce the required information will result in removal from the program.

It is YOUR responsibility to verify that the divisional information is correct. If you determine there is an error in the information you have submitted, contact Iowa DNR / SCTP Headquarters immediately! No corrections to an athlete's division will be considered once the SCTP State Championship Squad Entry Form has been submitted (per discipline). If it is determined that the divisional information is incorrect for a squadded athlete, the entire squad involved with the individual is question will be disqualified from participating in that discipline for the balance of the SCTP season.

<u>ALWAYS</u> fill in your Team State abbreviation & your last name at the top of every form being submitted.